

EMPOWERING SUSTAINABLE POVERTY REDUCTION BY PASTORALISTS IN POST CONFLICT SOMALILAND

INTRODUCTORY SUMMARY

This proposal is aimed at informed participatory action with Somali pastoralists in Somaliland based on clear thinking to restore livelihoods and rebuild public service provision and a legitimate state in the wake of a failed state and violent conflict.

Among the pernicious phenomena that have become distinctive features of the second half of the current century are:

- a dramatic shift away from deadly violence and conflict of an inter-state nature with a even more dramatic rise in intra-state deadly conflict, and
- the emergence of an accelerating incidence of what are called "failed states," a term defined only loosely but taken to mean the collapse of all legitimate order.

Although by no means exclusive, both phenomena are most in evidence in Africa where these pernicious trends show signs of accelerating.

Given these factors, three questions have moved to centre stage in the United Nations, in national policy fora and in much public discourse. The first question is how deadly conflict can be prevented and minimized (this was the subject of a major international commission convened in 1996 by the Carnegie Endowment for Peace). The second question is the post conflict question: how (i.e. with what instruments, policies, modalities) can successful and effective political, social and economic reconstruction be brought about following deadly conflict. The third question is really the in extremis extension of the second and asks what the international community can do in attempts to deal constructively with failed states.

Although this programme proposal focuses essentially on the second question, it is obvious that it may also bear importantly on the other two questions. What is clear is that policy guidance and informed action are urgently required if the world is even to begin to respond constructively to the numerous and increasing intra-state, post conflict situations.

Surprisingly, this has been an area of very little in the way of systemic examination and action, most responses to date being characterised by their reactive and short term natures. What is proposed here is to address those shortcomings with application to Somaliland and in particular the pastoralist people making up 50% of its population.

This programme proposal, therefore, is based on four basic contentions:

1. Rehabilitation and relegitimisation after conflict and state disintegration is both an urgent and an increasingly important challenge to development praxis and analysis;
2. Most international actions to date have largely been predicated on imported 'hit the ground running', 'one size fits all' approaches. These have poor demonstrably track records littered with catastrophic failures - not least in Somalia/Somaliland. In addition, most academic research on conflict has either been conducted at high levels of abstraction or focused on diplomatic and narrowly political spheres. The result is that both international efforts and existing scholarship do not provide much direct insight into ways and means of, or priorities for rehabilitation, relegitimisation, conflict vulnerability reduction and reconciliation support;
3. What this calls for is a combination of fresh thinking and more deliberate and informed interventions. It is exactly this combination that is proposed here. The emphasis in this proposal is first on getting right the understanding of the complexity of problems confronted through an integral linking of from contextual knowledge collection and analysis to participatory consultation with domestic civil society and governmental actors. This, we are convinced, is the most promising way forward and likely to vastly increase the prospects of success. We are also convinced that this approach will produce a range of much-needed general lessons which would prove invaluable to other efforts at post conflict rehabilitation and reconstruction. This is so not merely in respect to short term benefits to poor, conflict impacted people, but even more in respect to social and political rehabilitation, domestic ownership and capacity build up and sustainability;
4. the participatory process, the empowerment of civil and governmental actors and an ongoing consultative process among major domestic and external actors are important. This is not alternative, but integral to, programmatic content. Unless a process and organisations do produce real outputs which are of priority importance to real people they cannot be sustained.

Somaliland is one of a growing number of territories seeking to claw both back and forward to social, political and economic rehabilitation and to a sustainable, domestically based development dynamic. Its 40% pastoral population have historically had very poor access to basic services, high vulnerability and limited communications with governmental and external actors. This remains true today because - quite probably appropriately and even necessarily - basic service rehabilitation (by the Somaliland government, international agencies such as UNICEF and UNCTAD and NGO's such as ICD/CIIR) has focused on the urban 30% of the people.

IDS believes a participatory, contextually grounded approach to rehabilitation is integral to successful outcomes - not least in the case of pastoralists in Somaliland. One size does not fit all because historical, political, conflictual, economic and availability of external cooperating resources vary tremendously from context to context. That is true both geographically and over time. What is priority and practicable in Somaliland today is more than and different from what might be in the varying fragments of Somalia and also more today than what would have been possible before the National Council mediation process created a broadly based widely accepted as legitimate by Somalilanders state.

The proposed programme focuses on development of contextually linked data and projects with its own personnel (Somali and expatriate) acting to catalyse and to provide a forum for data collection - analysis - linkage to action not as to serve importers and imposers of 'solutions'. Consultation should be built up among all actors from pastoral lineage groups through broader civil society bodies and government departments to international actors.

Content matters because without it process becomes empty and unsustainable. In the case of Somaliland's pastoralists **health, water, veterinary services, education, gender relations** and **disablement** (including its prevention by mine location and avoidance as well as demining) can be identified as content priorities. How much data exists toward detailed formulations and the balance between reconstructive rehabilitation of what once existed and has been lost and forward rehabilitation developing new content from pastoral priorities and capacities varies widely. For example in **health** and **veterinary services** programmes based on nomadic pastoralist provision of personnel for training by government departments to perform paramedical and para veterinary roles could greatly extend pastoralist access. In the case of health it would restore it as over 1950-1987 such a service existed with state/donor handling of drug procurement, stock holding and distribution to donors as well as training

and monitoring of personnel. The communities paid their own paramedicals and a substantial portion of the basic drug cost. In the veterinary and **water** areas parallel programming is worth exploring. In **education** various approaches including pastoral work year friendly school timetabling and closer interaction with Koranic schools appear worth closer study. **Demining** and **mine identification and avoidance** in pastoral areas are not dissimilar issues in principle but require more dialogue on pastoralist priorities and potentials and available technology and acquisition of the knowledge power to use it by para and non-professionals.

IDS proposes to draw on the experience of and to work with ICD/CIIR, UNICEF and other successful external actors in Somaliland. Its core personnel for this proposed programme are Professor Reginald Herbold Green who has substantial experience with Somalia/Somaliland from 1987 and Dr. Ismail I. Ahmed who is a Somali with Somaliland pastoral kin links and relevant pastoral need and capacity analyses experience in Somaliland and the adjacent Haud area of Ethiopia.

THE CHALLENGE

About 50% of the population (1.8-2.0 million) of Somaliland are semi-nomadic pastoralists, 30% urban residents (dominantly in the capital Hargeisa) and at most 20% settled pastoral-orchard-field farmers. The pastoral economy was devastated by the 1987-1991 war waged by the then Barre Government against the Somalilanders who (like the United Republic of Somalia's own High Court) never accepted the legitimacy of Somalia's *de facto* take-over of The Republic of Somaliland (1960). The war resulted in high mortality and displacement to Ethiopia both among pastoralists and their herds. While the pastoralists have largely returned, the restoration of cattle, probably camel and to a lesser extent sheep and goat population remains incomplete and, both grazing and orchard restoration are plagued by land mines left from the war.

Basic public services to pastoralists - except in the late (1945-60) British colonial period - have been exiguous. In its declining years the Barre regime nearly ceased to provide water, veterinary, livestock and health services, anywhere outside Mogadishu, Baidoa and Kismayo with the then Northwest (ex-British Somaliland/Republic of Somaliland - 1960) especially disfavoured as well as devastated by war, mines and forced migration.

Service restoration by the post 1991 government in Hargeisa (which perceives itself as the lineal descendant of the 1960 Republic of Somaliland as does its public service) has been significant despite personnel and financial constraints and those posed by lack of international recognition (with the important informal but *de facto* exception of Ethiopia).

In the case of **water** urban restoration has been achieved, initially through an international agency/NGO coalition led by UNICEF for capital works and training. Maintenance, and operation are now increasingly carried on by the Ministry of Water and by municipal authorities. However, rural water provision, in particular restoration of boreholes, spring protection, birkets and other sources used by pastoralists, has lagged badly. In part this relates to imperfect interaction among pastoralist groups and the Ministry.

In **health** very substantial restoration of primary services - especially preventative child and mother ones - has been achieved. Indeed for urban and settled rural groups they are above 1980's standards and - contrary to that period - are led by a competent, concerned Ministry of Health backed by UNICEF and the EU. However, the Somaliland para professional basic health outreach programme to pastoralists not at base villages has yet to be restored partly because of loss of historic memory (and nearly the entire official written record).

Education's revival has been slower but substantial in respect to state (quite possibly back to 1985 effective enrolment levels) and Koranic schools. However, state primary schools probably never enrolled more than 10% of pastoral household children (and a majority of them through their staying with urban relatives). Koranic schools - with nomadic band based and paid teachers - had and have a broader pastoral outreach. However despite mutual willingness to cooperate, the Ministry of Education and Koranic school leaders have yet to devise effective means of cooperation to render the two systems complementary and mutually reinforcing.

The Ministry of Livestock and Veterinary Affairs is a priority one in Somaliland. It is, however, rebuilding from virtual dissolution of services and data collection during the late Barre period and near total loss of records. Late 1980's proposals for a cooperative state - pastoralist para veterinary service were stillborn because of the 1987-91 war and have yet to be revived. In volume terms rural water is also primarily a livestock issue. At macro level the restoration of an internationally recognised quarantine facility at the Port of Berbera is crucial to pastoral household welfare because it could lead to the reversal of a long standing

Saudi ban on Somaliland (including Northeast Ethiopian) shipped cattle and the recently imposed one on sheep and goats. The lifting of the ban could raise the cash incomes of Somaliland (and Northeast Ethiopian pastoralists) by a fifth to a third because the Saudi market pays more than those of Yemen (including Aden) and costs of shipping to Oman and the Emirates are much higher.

Pastoralist **women and girls** are especially disadvantaged by the poor health service and water access because they bear the burden of caring for sick persons and of collecting water. They are already particularly hard hit by the impact of the war which has raised the proportion of female headed households - albeit particularly in urban and settled rural areas.

Disabled persons - particularly but not only ex-combatants - are known to face severe handicaps in respect to survival and restoration of livelihoods. These are probably particularly severe in pastoral contexts because of the difficulties of their performing traditional livelihood tasks.

Civil society/state relations in Somaliland are not hostile. Nor is there the near absence of civil society bodies often attributed to Africa. The state-civil society positive relationship turns on two factors. First the majority of Somalilanders increasingly viewed the Barre regime as an occupying force and the struggle against it as a liberation war which was to a significant extent spearheaded by historic civil groups. As a result the recreated Somaliland state enjoys the window of opportunity common to liberation governments. Second the basis for the new state and its government was negotiated by a national (including all clan and sub-clan groups) assembly of elders and is therefore based on a civil society consensus. In these respects it is in a radically different position vis a vis civil society than pertains in any of the (divergent) successor proto statelets in Somalia.

Civil society in Somaliland is based on lineage, religious and women's groups. These are often overlooked in Northern evaluations of the strength of civil society. The former UN Secretary General's Special Representative for Somalia, Mohammed Sahnoun, believed empowering support for civil society could lead to a positive resolution of the 1991 crisis. His resignation resulted from international community (and, predictably, Somali warlord) unwillingness to explore and act on that perception. Mosques, women's groups lineage groups/blood groups, pastoral bands and base villages and a veterans group (covering the spectrum from British through Barre to present government ex soldiers) are significant in

Somaliland. However, there is no sustained history of operational partnership among them - at least since 1960. This now results in overlooking opportunities for state - civil society partnership or in not being able to identify ways to render them operational. This perception problem is serious for many international agencies and NGO's. Somaliland religious and pastoral groups are usually overlooked because they are so different from Northern development or cause linked NGO's.

In personal consumption terms most Somali pastoralists do not live in absolute poverty. The combination of self produced food (notably camels' milk), revenue from livestock sales and remittances from overseas family members have been restored to levels averting that. However, access to basic services beyond law and order - health, education, water, veterinary and markets - are abysmal. Except in the 1950's (and the special case of Koranic schools) this has always characterised Somaliland. The barriers to health, education and water access for pastoralists are increased by arid, harsh terrain, scattered population and limited state financial and personnel resources. The market access limitations do not centre on cartelised traders or even transporters but on the ill repair of key road links and the absence of Berbera quarantine facilities.

In addition to - and in part because of - limited basic services access, pastoralists - even if not poor - are vulnerable. Drought cycles are recurrent and inevitably lead to loss of flocks and herds - and therefore future livelihoods. Food aid does not meet this challenge nor does the return of rain. As a pastoralist observed to a reporter "The rains have brought back the grass but they will not bring back my dead camels" i.e. my cash income stream and my family's staple milk. Lineage group and band safety nets do allow recovery (via core herd loans repaid in kind) but only when the overall loss level is not too high. Lack of basic veterinary drugs and of rural water infrastructure increases losses. This is particularly true of the half of livestock losses associated with drought which occur when the return of rains - with cooler air and wetter food - leads to massive diarrhoeal and lung disease losses. Analogously lack of access to basic medical services increases family vulnerability to avoidable and curable diseases including these linked to micro nutritional deficiencies (e.g. iodine/goitre; iron/anaemia).

TOWARD AN EMPOWERING RESPONSE

In Somaliland, and especially for pastoralists, the response to challenges of poverty and vulnerability needs to build on civil society/state cooperation in shared, coordinated action. Some responsibilities will fall primarily on the state (including local government) e.g. urban water and importation/stocking of basic drugs. Others need to be collaborative e.g. the restoration of law and order with a state civilian police/magisterial court system backed by the authority of the National Council of Elders, and supported by an overwhelming majority of Somalilanders.

Key initiatives will require primarily pastoral group/civil society operated programmes supported - with training, materials, in part finance - by the state and international agencies. There is a limited history of such interaction (health, education and most water facilities as well as livestock services beyond pre export veterinary checks outside Berbera and Hargeisa are almost totally a post 1945 development, decayed from the later 1970's and were virtually obliterated over 1987-91). Therefore, a significant catalysing role - both in respect to pastoral groups and to the state - potentially does exist for external NGO's with knowledge of, experience with and respect for civil society/state interaction in basic service provision and vulnerability reduction in other developing countries and a basic working knowledge of and respect for Somaliland, Somalilanders and their organisations.

Such catalytic and supporting efforts are welcomed by many Somalilanders and their Government. That welcome requires that they are perceived as supportive, related to Somalilanders' needs and goals and respectful. Respectful in this sense includes treating government institutions and officials as such, Islamic groups as culturally central and worthy of a certain deference and understanding, pastoralism and its groups as a viable, relatively sophisticated life and livelihood pattern needing understanding and cooperation. "One size fits all" preaching and eradication by transformation approaches are likely to be both unworkable and unacceptable. The near exclusion of UNOSOM from Somaliland and the hostile or frosty relations with some international agencies and NGO's bear witness to this reality. So too do the broadly cordial and productive relationships with, e.g. UNICEF, UNDP, DFID and ICD/CIIR. Instant entry/uniform solution imported approaches both raise hostility or at least serious reservations and are likely to be counterproductive because they

are not based on Somaliland realities as perceived by Somalilanders nor built up in participatory dialogue with their civil society and governmental institutions.

To play such a role, an external group (or for that matter an internal one) will need:

- a. to develop more detailed baseline data in respect to health, education, water, livelihood and market access issues specifically related to pastoralists, to gender and to disability;
- b. to build up articulated knowledge of the types, present functions, capacities (and limitations) and goals/potentials for further development of civil society groups ranging from pastoral bands through mosques to women's groups;
- c. in participatory association with these groups and relevant state institutions draw up a set of priority interventions which could have significant access to services and vulnerability reduction impact and foster pastoralist - state interaction. They would need to be sustainable by Somaliland actors after the limited initial external personnel and resource interventions;
- d. and set up a network to carry out the programme of interventions.

Present knowledge of Somaliland is not adequate to short circuit this process by a running start in programming. Somaliland - and even more Somalia - is littered with the rusting ruins of such efforts. This is particularly true in respect to civil society based approaches because data on their nature, capacities and aspirations is even more fragmentary than on poverty, economy service access or government activities.

Therefore the most appropriate programme is in two stages:

- a. a 15 month data collection, participatory priority setting, network developing, project initiation phase;
- b. followed by 36 months of operating, monitoring, feedback and evaluation.

The problem with, as well as an integral strength of this, approach is that while the broad problem areas/concerns and relevant civil society/state institutions can be identified now, exact networks, priorities and individual themes/projects for stage two necessarily emerge during, and out of participation, listening and dialogue in stage one.

THE PROPOSAL

The Institute of Development Studies (Sussex) proposes:

- a. an 18 month data collection, participatory institutional study, programme articulation and network development stage March 1999-May 2000 (£200,000) to begin/March 1999;
- b. a 36 month joint operational programme with identified Somaliland civil society bodies and Government institutions June 2000-May 2003 (£600,000).

IDS has substantial experience in research consultancy and operational programme advising in respect to poverty and its reduction in sub-Saharan Africa. In addition it has researchers and programmes in respect to pastoralism, gender and participation. Its personnel in respect to Somaliland are Professor Reginald Herbold Green and Dr. Ismail Ahmed. Reg Green has studied Somalia/Somaliland and has done three analytical programme oriented field studies for UNICEF in 1987, 1993 and 1995. Dr. Ahmed - a Somali with Somaliland/Haud kinship roots has completed a PhD (focused on food security in Somaliland and the adjacent the Haud area in Ethiopia's Somali Region) from the University of London - and has done research at IDS on the social impact of economic crises and adjustment to them. He is now based in Somaliland and Somalia working on issues of state reconstruction, social reconciliation and - especially - social/economic/political rehabilitation in the Complex Political Emergency Project in collaboration with Leeds, Bradford and ACCORD. Reg Green is the leader in work on COPE analysis of rehabilitation in Somalia/Somaliland, Ethiopia/Eritrea and Uganda/Rwanda and a senior advisor to the African Centre for Development, Economic and Strategic Studies' (based in Ijebu-Ode Nigeria and headed by Professor Adebayo Adedeji) ongoing project on Conflict Comprehension and Mastering.]

IDS is in discussion with International Cooperation in Development/CIIR in respect to co-involvement in recruiting and training Somali and expatriate development workers and in building dialogue and empowering relationships with Somali actors. Four to six of them will - especially in the operational stage - be the key to the success of the programme both in immediate delivery terms and, especially, in creating a Somali civil society and government ongoing service provision - cooperation dynamic.

ICD/CIIR has substantial data collection evaluation and analysis and of field operational activity allied to and aimed at empowering civil society groups and government units providing basic services in a number of countries including Yemen and Somalia/Somaliland. At present it has both Somali and expatriate development workers collaborating with Somali NGO's and the Ministry of Health - to date largely in urban areas - and is co-sponsoring a major international conference on Somaliland/Somalia in October in Hargeisa which Dr. Ahmed and Professor Green will attend. The programme proposed here would complement, not compete with, their ongoing work which is at present basically urban focused relating and responding to the needs of that 40% of Somaliland's people.

A project by another Northern NGO in Erigavo indicates by its limited results that instant entry with limited baseline data either on the pastoral/small town contexts, on the patterns of civil society or on the capacities and bases of Somali partners yields very limited results. This is compounded if interaction is limited to a brief initial and briefer annual visits. Therefore IDS proposes to follow an initially slower but more structured and participatory approach.

- a. reviewing data in hand from previous work by, *inter alia*, IDS, ICD and UNICEF (IDS' baseline paper for the Rehabilitation in Somalia/Somaliland portion of the COPE project is appended);
- b. feeding in the data flow from IDS' COPE work (which includes a rural survey component) ICD's ongoing urban health and civil society empowerment work and the October 1998 National Workshop as well as that from involvement in ACDESS' ongoing comprehension and mastery of conflict project;
- c. from March 1999 through August 2000 IDS will use two senior personnel each for four to six months in the UK and, especially, Somaliland in association with two to four Somali personnel to lead and coordinate data collection, programme articulation and network build-up;
- d. March-May 2000 would focus on network and participatory programme prioritisation and articulation including participatory and training workshops drawing in other IDS and ICD personnel experienced in these areas;

- e. in March 1999 a field office headed by a Somali Research Officer would be established to carry on an ongoing programme possibly including specific field level surveys or participatory workshops led by one or two Somali Research Assistants. The existing IDS COPE project office could form the base for this element in the project;
- f. operational programming over June 2000 - May 2003 would entail continued use of (possibly different) senior IDS, and potentially ICD, personnel on a two to four month a year basis and four to six development workers (at least half Somalis) to carry on programme support, liaison and coordination operations in Somaliland;
- g. in addition to operational and catalytic liaison with and coordination among pastoral people's civil society and Somaliland government units, the project would seek to coordinate and facilitate beneficiary, domestic and external resource mobilisation to achieve longer term sustainability and expansion. Preliminary information suggests this is a realistic aim. Most Somaliland pastoralists are not absolutely poor and both can and would contribute toward programmes they perceived as demonstrably valuable to them e.g. water, paramedical and paraveterinary. Because of their - historically well founded - reservations as to government and external actor intentions and capabilities these contributions will build up as programmes demonstrate that they are pastoral user friendly and basically Somaliland owned and operated. Similarly in respect to training and basic drugs it is highly likely that UNICEF and the EU would support a properly articulated set of interventions. The EU and possible DFID and Italy, as well as UNCTAD are relevant to quarantine facility and arterial highway/port rehabilitation which are complementary initiatives highly relevant to reducing pastoral poverty and vulnerability, but quite beyond the direct personnel, technical knowledge or financial capacities of the proposed project as such.

TOWARD PROGRAMME ARTICULATION

The reasons for not attempting a detailed articulation of the 2000-2003 implementation stage have been set out: inadequate baseline data on present conditions, institutional priorities and limitations and especially the need for a more participatory process of prioritisation and selection. However, the main themes and areas of concern can be identified:

- a. Post Conflict Rehabilitation and Future Conflict Reduction;
- b. Poverty - and especially Vulnerability - reduction;
- c. Primary Human Health;
- d. Primary Animal Health;
- e. Water for households and livestock;
- f. Education;
- g. Gender concerns;
- h. Rehabilitation for Disabled persons.

With the possible exception of disabled persons, the focus will be primarily on pastoralists and secondarily on agro pastoralists whose livestock component of household income is dominant and many of whom are semi nomadic. The possible exception arises because although a majority of disabled persons (primarily from war and mines) are former pastoralists, it is not clear either physical or livelihood rehabilitation is practicable within the pastoral context.

CONFLICT

Somaliland is a post conflict state and society. Law and order - based on functioning courts and a civilian police force as well as a small army - now exists. With the more or less negotiated "no winners/no losers" end to the Burao insurgency (which was about degree of influence in the government, not secession), there are no major conflicts. In the National Council of Elders and Assembly-Cabinet-Public Service (6,000 including police but excluding army) there is a government structure backed by both historic and modern sources of legitimacy and capable of contributing to basic service delivery.

However, the wounds of past conflict remain and - especially at local level - peace is fragile (as it has always been in the Horn). The post conflict rehabilitation theme directly relevant to pastoral people (given the near absence of public services accessible to them in the 1980's) is reduction of the threat posed and constriction of livelihood caused by **mines**. More data is

needed on how serious risks and costs these pose today, what domestic capacity could be extended to pastoral area and which catalytic external inputs could be secured and are desired (Somaliland has had very bad experience with UNOSOM funded mine raising companies).

Local clashes in Somaliland are dominantly over access to water and secondarily over grazing rights. Improvement of access to **water** for flocks and herds is probably the most crucial means to reducing their incidence, just as traditional mediation and effective policing are to containing individual incidents. In addition strengthened health, veterinary and educational services would increase social stability and state legitimacy in conflict reducing ways.

Neither civil (intra Somaliland) nor external (with Ethiopia or Somalia) war are probable. There is a "Somaliland idea" which does have real resonance and past insurgencies around Burao and Berbera and near Hargeisa appear to have been resolved by mediation/negotiation. Relations between Somaliland and Ethiopia (including its Somali Region as well as Addis) are good and centre on transit trade which is mutually valuable undergirded by civil society kinship group relations. Past conflict was not between Somalilanders and closely related Somalis in Ethiopia but between the then Addis and Mogadishu regimes and Haud/Somaliland Somali's (in particular Isaaq). Somaliland and Somalia are separated by a wide swath of near desert with minimal human use (even by Somali standards) Somaliland has no territorial ambitions and no Somalia political grouping gives serious priority to conquest of Somaliland (or has the capacity to reach Somaliland in any force if it did). Therefore, Somaliland is unlikely to be involved in fighting with its southern/eastern neighbour(s).

POVERTY/VULNERABILITY

Most Somaliland pastoralists do not fall below an **absolute poverty** line nor are they severely malnourished. These generalisations hold except in the cases of full scale war (1987-91) and multi year severe drought (e.g. 1983-84).

However, pastoral households at micro level are highly **vulnerable** to livestock loss (local weather or disease) and to incidents of poor health (accident or illness calamities). These - if numerous - erode pastoral community (band, village, blood group) ability to provide historic

work and livestock sharing safety nets. In drought years whole communities (not necessarily the whole pastoral population as Horn droughts usually have very uneven incidence and the core Hargeisa-Borama highland area is less drought prone) are vulnerable especially because of the deterioration of rural access to **water** and the absence - especially post drought - of **veterinary** services/drugs.

Better access to water, veterinary services, preventative and primary medical care and demining would raise productivity and thereby both reduce poverty overall and enhance the capacity of communal coping mechanisms to deal with individual calamity cases. So would better **market access**. The keys to that are full rehabilitation of the Port of Berbera (especially its quarantine facility), of the trunk Berbera-Hargeisa-Borama-Ethiopia highway and probably of the Hargeisa-Burao-Erigavo secondary highway. Physically and financially these are far beyond the scope of the project, but building pastoral networks and demonstrating pastoral people's development capabilities could strengthen the government's focus on them and especially its ability to mobilise external agency financial and technical support.

Human health service access by pastoralists is very limited. Health posts and clinics increasingly do exist in small towns and larger villages but are not readily accessible to perhaps half the population of Somaliland including the vast majority of pastoralists. Vaccination campaigns have somewhat greater outreach but - like emergency evacuation to static facilities - are hampered by lack of ongoing contact.

This situation does not result from lack of pastoralist or Ministry of Health concern. It is not unique to Somaliland, but common to most sub-Saharan African pastoral communities. However, in Somaliland an effective pastoral community/health authority outreach system based on pastoral community chosen/health service trained paramedical personnel, central supply of basic drugs, and shared costs did exist. It was built by the British administration in the 1940's. After 1960 it was to a degree continued by Somalia's Ministry of Health but eroded badly in the late 1970's. In the mid 1980's it was partially revived under donor (largely UNICEF in the then Northwest) auspices but was swept away in the 1987-91 war.

Its revival is crucial. The main elements are:

- a. community selection of part time health workers;

- b. 6 to 13 week training as paramedicals - first aid, diagnosis and provision of basic drugs for common diseases;
- c. provision of a free initial stock of basic drugs and of replacement supplies at cost;
- d. community payment (largely in kind) of workers for services;
- e. monitoring by Ministry field staff.

To these could - and should - be added:

- f. linkage to vaccination campaigns;
- g. basic health and sanitation education (to be carried out by paramedicals with supporting graphic and pictorial material)
- h. parallel midwife training for 'traditional' midwives;
- i. provision of a communication facility (radio telephone?) to allow paramedical personnel to secure advice and/or evacuation in cases beyond their abilities;
- j. more systematic monitoring and data collection feedback.

Network building and training are key to reviving this service. It is clear UNICEF and probably EU would be willing to provide material and training support. The Ministry is concerned, but because after 1980 the surviving programme elements were donor managed has few - if any - personnel with an historic memory and also needs articulated sensitisation and training.

Other health initiatives important to pastoral people include iodisation of salt to reduce the high incidence of goitre in some area. However, it is hard to see how this could be done except as an aspect of a Community/Ministry partnership programme involving including salt in 'basic drug' kit at subsidised prices, because salt production is artisanal and present trade largely in small (uniodised) lots from the Gulf and Eritrea.

Livestock Health is vital to pastoralist nutrition and income. There has since 1992 been rehabilitation (indeed recreation) of the relevant Ministry. Like Health, its present Budget (constrained as it is) is very substantially larger than that of the former United Republic's services in the then Northwest. As with human health, access problems are severe.

Vaccination and dipping can be provided at base villages in the dry season. Field outreach is much more difficult.

The most promising way forward would appear to be a pastoral community/Ministry partnership analogous to that for human health. This was envisaged by UNICEF in 1987 but the eruption of full scale war that year made it impracticable. An education programme as well as articulation would be needed because - unlike human health - there is no historical precedent and therefore no memories of a better former state of affairs to be regained.

In respect to veterinary drugs, it is argued that five or six (including rock salt) are crucial and that their use and the diagnosis of the most common diseases are well known to pastoralists. Since the 1960's, however, they have been increasingly unavailable through either state or private channels. Drugs can probably play only a marginal role in reducing livestock loss during drought, though a more substantial one in normal years. Their key role is at the periods when droughts break and the air becomes cooler and moister and green pasturage replaces dried out remnants. These changes lead to respiratory and diarrhoeal diseases which result in massive deaths among drought weakened herds and reduced survival of newly born animals.

Because demand would apparently fluctuate sharply - neither the timing of droughts nor, especially, of their breaking are subject to exact projection - national (or more probably four to six regional) back-up supply depots might well be needed. Once a programme was articulated and launched with pastoralist and state support, it appears highly probable donors would readily finance setting these up as well as augmenting Ministry budgetary allocations for ongoing supplies, training and logistical support.

Water is central to Somali and especially pastoral Somali concerns. It is far scarcer and riskier than land or even food to pastoral, desert margin cultures water and security of access to it are socially, humanly and economically central.

Cooperative pastoral group/village community (overlapping but not identical) and Ministry action are practicable. Exactly what is workable, where needs further explorations.

Key highway, livestock transit point and villages stream or pond protection, restoration, exploitation of middle level wells and pumped boreholes (a last resort because of fuel and spares costs) are often viable on the basis of user charges. Ministry advising/extending,

drilling and checking on maintenance (to avert breakdowns) can link to pastoralist preventative and simple repair maintenance and operation with post installation costs (except in severe drought years) met by users through whatever collection system suits them best (including fees to outside users of water points on livestock transit routes or highways). Because in Somaliland (and Somalia) all water rights are owned, neither paying to develop and maintain nor 'hiring' access and partial use of water sources to outside users are alien or even unusual concepts. They are facilitative in the rural pastoral context even if less so in respect to communities residing on urban well fields.

Distinctions between human and livestock water in the pastoral Somaliland context are unreal. Both are essential and in practice will come from the same source. This does create a need for pollution control/sanitation education in respect of ponds and open wells and, more especially, separate off-take taps for human consumption, washing and livestock. These are comprehensible to and manageable by Somalis, as evidenced in Baidoa and urban Somaliland cases, but are not widely practised elsewhere. That implies an education/training programme need, especially as the exceptions appear to have been initiated by UNICEF design and educational efforts then carried on by municipal operators and by users.

Education of pastoralists is notoriously weak and Somaliland is not an exception. However, pastoral literacy is higher than might be expected because of the early 1970's adult literacy campaign which at that time joined water and veterinary services as genuinely nationally (although less so in the Northwest) accessible services before their 1980's erosion to collapse.

Somali pastoralists do value education but have difficulty relating to standard pedagogical models:

- a. fixed point schools are not readily accessible to most pastoral children most of the year;
- b. boys are - or are seen to be - integral to the herding of livestock;
- c. education is valued for its contribution to livelihood and development which in the case of urban oriented, standard subject rote learning is perhaps less than self evident;
- d. school years unrelated to rural work cycles (unlike 19th Century European/North American ones whose vacations were linked to peak agricultural requirements) increase the opportunity cost of attendance.

One approach deserving exploration is determining how many boys are in base villages at least four months a year. On the face of it, a school year keyed to these four months should enhance enrolment.

For potential pupils in bands without, or absent from, base villages, the only practicable answer would appear to be mobile schools - i.e. the teacher packs the classroom materials and his residence on a camel and rides with the other pastoralists (few non pastoralists would seek such a job). There is no secular school experience in Somaliland with this approach, but it deserves exploration as to feasibility and demand at least as to literacy and basic numeracy linked with adult/continuing education in veterinary practices, human health and sanitation, nutrition, education. Literate pastoralists selected (and subsequently paid) by their groups for 13 to 26 weeks basic training and provided with texts and exercise materials may be a way forward. No one could pretend this to be high quality or broad scope education but it is a step forward and one on the face of it consistent with pastoralists' goals and their environmental/livelihood constraints.

There is a school system which pastoralists do utilise which follows practices akin to those suggested. This is the Koranic School system which has both six month residential schools run by sheikhs and peripatetic pastoral schools with less fully qualified ulema.

Increasingly Koranic Schools - at least in urban areas - have evinced interest in broadening their curriculum to literacy in Somali (and reading - as contrasted with memorising and reproducing the Arabic text - the Holy Koran in Somali), written numeracy, in a few cases Arabic and/or English. This suggests a potential fruitful alliance of government and Koranic schools especially as the latter have more outreach to pastoralists and, in general, a lower average age of pupils.

One route would be to provide teacher training, classroom materials and texts (including the Somali translation of the Holy Koran which is apparently out of print) and - at least in the case of urban schools construction and staff salary -cost sharing to Koranic Schools. They would then teach basic literacy, numeracy and socialisation with other children in a four year basic curriculum still centred on the Koran. Public middle schools could then begin at year three or four of the present (tentative) Ministry syllabus while there would be a parallel user and mosque supported advanced Koranic School structure for the limited numbers remaining for more than four years. For the avoidance of doubt it needs to be noted that over a third of

Koranic school pupils are girls - a proportion similar to that in government schools in Somaliland today as it was in the then United Republic of Somalia in 1987.

Gender issue priorities as raised by Somaliland women's organisations can be listed: access to livelihood, education, health services, the public service (which has historically been almost exclusively male except for nurses and secretaries), peace and ending female circumcision (female genital mutilation). However, it must be noted that Somaliland women's organisations' outreach to rural villages - let alone to more nomadic pastoralist women - is, as yet, negligible. Therefore, to be effective in partnership with women's groups the project will need to build in support for an educational and extension exercise by Somaliland women's organisations to village (including pastoralist "home base" village) women.

There is a parallel need to build up more specific knowledge of livelihood and education as they relate to the needs of pastoral women. The interactions are likely to be complex - as is the situation of women in Somaliland more generally - and in many respects distinct in form from urban concerns.

Somaliland women have virtually no direct political role (albeit they formally could be - but at present are not - in the national assembly, cabinet and senior public service). However, because marriage is virtually always inter-blood group and often inter-subclan, married women are by definition members of two groups and play a recognised role in the exploratory phases of dispute mediation. Women can and do, under Somaliland law and Islamic custom in Somaliland and Somalia seek and secure divorce with custody of children on stated grounds including non-support and physical abuse. They have for decades held a significant share of urban micro and small commerce and more recently have moved up to larger scale businesses. In the private sector (including migrant labour) the proportion of female employees is rising (they do not chew khat - as on the whole pastoralists both male and female do not). In the public sector change has been glacial, partly because there were more trained, experienced male ex public servants than the 4,000 non-police posts.

Pastoral women do have the right to secure income from the sale of some pastoral and agricultural products - not camels and cattle and rarely camels' milk or live goats and sheep - but how much this production, processing, trading amounts to or how it could be augmented requires further study.

Formal education is unusual - especially beyond 2-4 years - among pastoral women, literacy less so. As many desire to work abroad languages (Arabic, English and perhaps French), non-Somali cooking and housekeeping are sought after skills. Whether these - together with health, nutrition and sanitation awareness and techniques - could be taught at least in villages is worth exploring.

Similarly in respect to midwives, paramedical personnel for village linked agro-pastoralists and pastoralists there is reason to suppose pastoral communities would nominate women (by definition in the case of midwives, to treat women and children in the paramedical case) although this is unlikely at present for paraveterinary personnel.

Female **health** problems - including the general burden of caring for sick persons - are better known. Somaliland has a high incidence of anaemia and of goitre. The first is linked to one of the world's highest maternal mortality rates. That rate is also in part the consequence of female genital mutilation/circumcision which is still universal among pastoralists.

Paramedical outreach (which could include child weight monitoring and nutrition) could lower and lessen the average duration of morbidity reducing women's workload. It may be that iron tablets and iodised salt could be channelled in this way (almost certainly initially free as there is limited present pastoral knowledge of, or demand for, them).

Female circumcision requires a different approach. Its most determined opponents are women's groups led by educated, urban women with no direct pastoral links. However, in urban areas it has now reached the general social agenda because the reduction of isolation and increase of education of many Islamic clerics has led to several stating that female circumcision is not merely not required by the Holy Koran, but is at least implicitly forbidden by, or inconsistent with, it. The initial thrust for change will inevitably focus on Hargeisa and Berbera plus perhaps Burao, Boramo and other secondary towns until women's organisations have real rural links and more rural sheikhs are educated in broader currents of Islamic theology and social doctrine.

Disabled persons - unless members of relatively well off households - are poor as well as physically and psychologically damaged. Because a majority were pastoralists, they are of concern to pastoral communities. There is an effective veterans' (UK through present government) association which is directly concerned on behalf of disabled people.

However, it is relatively hard to work out how most disabled pastoral men can be reintegrated into pastoral livelihoods - urban would appear less daunting. Further artificial limb/hand fitting would need to be in clinics with some recuperative therapy and would therefore part of a national - not just a pastoralist - programme. Here, as in the case of gender, a more and more articulated database needs to be developed before searching for prioritising and articulating programmatic priorities.

The evident exception is **demining**, the vulnerability reduction or preventative side of confronting disability. High technology approaches can cost up to \$1,000 per mine when these are scattered randomly and in unknown locations over extensive rural areas. The likelihood £1,000,000,000 could be mobilised internationally for such an approach is very low, realistically negligible.

A more community based, best available means approached focused on identification and avoidance needs to be sought. Middle level technology approaches by Somalis have had some success in concentrated, roughly known urban and main road minefields. Beyond that knowledge of what has worked elsewhere on identification avoidance and selective demining needs to be presented for interaction with pastoral priorities and perceived capabilities in conjunction with limited state and external support. While such an approach has had substantial results in the extreme North of Mozambique it cannot be imported/replicated without participatory dialogue and modification because the Mozambican mines were in border minefields whose location and extent were at least roughly known.

It is impossible to guarantee in advance that a fully effective approach can be built up. However, given the ongoing human and economic costs of mines it is imperative to try. If a relatively low cost practicable approach can be identified funds for two to four pilot areas could almost certainly be mobilised. The results would be valuable beyond the immediate beneficiaries in Somaliland not least in Somalia, Eritrea, Ethiopia, Mozambique and in the future Angola and Sudan. Training in identification, avoidance and (relatively) safe disposal should be taught **if** 6 week courses can produce para professional mine identifiers and eradicators.

It is possible that initial baseline data collection and analysis and pastoral group network building will identify additional priority areas which would then be taken into account. It is not, however, probable as the main themes of Somalilander - including pastoralist - privations

and priorities have been relatively frequently expressed and (with account for urban/rural differences) are relatively uniformly presented to sympathetic investigators/cooperating partners.

The programme **cannot hope to achieve breakthroughs in all proposed areas** even apart from personnel and resource constraints. Therefore part of the initial stage work will involve - in full consultation with Somaliland partners - prioritising three to five with foundation building work toward post project action in two or three more. Similarly activity (beyond outreach to inform other actors and areas) cannot be in more than two to four districts.

The catalytic impact of the programme if successful should be substantial. By the third year £1.0 to £1.5 million each from Somaliland government funds (in veterinary-health-livestock-water), external agency/donor support (e.g. UNICEF, UNCTAD, EU, DFID) and pastoralist contributions (e.g. human and veterinary drugs, payment of paramedical, paraveterinary and educational personnel and contributions in labour and materials) would appear feasible. £3.0 to £4.5 million is not a huge sum, but at £3.25 to £5.0 per pastoralist it would represent at least a doubling of health-education-water-veterinary services now accessible to them. Further by strengthening pastoral and other civil society bodies and the delivery capacity of the Somaliland government and broadening their cooperation with external partners it could lay the bases for sustainability and further advance.

The proposed programme is presented as justified in terms of its potential direct benefits to pastoralists, their civil society groupings and the Somaliland state. Its would not be directly replicable elsewhere. However, the broader value of a successful community/civil society/participation approach to rehabilitation, reconciliation and vulnerability reduction after violent conflict and state disintegration in Somaliland could be substantial. One size does not fit all but insites, processual guidelines, indications of what will probably work (and equally important what probably won't) and checklists of potential priority topics from one country can be of significant assistance in developing context specific rehabilitation initiatives in others.

TIME SCHEDULE

April 1999	Stage 1 Commencement
April - June	Data collection/analysis; organisational contact build-up and capacity assessment
July - August	Initial Baseline Report Workshop with Potential Somaliland Partners
September - December	Articulation of Operational Phase
January 2000	Draft Programme of Action
January - March	Workshops with Partners Operational Programme of Action
April - June	Training and Participation Workshop prelude to Implementation
July 2000	Stage 2 Commencement With quarterly Consultations, Annual Review and Revision Workshops, Final Evaluation

PROPOSED BUDGET

Phase 1 (15-18 months)	£200,000
<ul style="list-style-type: none"> • Senior Personnel (Fellow/Research Officer) and IDS Support (8 to 10 months) • Somali Staff (2) Additional Programme Development Staff • International and Somaliland Travel and Subsistence • Hargeisa Office (Rent, Furnishing, Communications) • Workshops for Data and Network Development • Initial Programme Training Support/Materials (Probably Paramedical) 	75,000 20,000 15,000 25,000 15,000 25,000 40,000
Phase 2 (36 months)	600,000
<ul style="list-style-type: none"> • IDS Personnel (8 to 10 months) • Development Workers - 4 to 6 (Somali and Expatriate) - 15 person years • Workshops - Training - Network Somali Organisation Capacity Building • International and Somaliland Travel and Subsistence • Hargeisa Office • Programme Support Services (including training/transport) • Programme Support Materials (including books, school supplies, health - veterinary basic drugs and educational materials, water inputs) 	75,000 225,000 60,000 75,000 45,000 60,000 60,000

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